

Reporting Year 2005



GEORGIA UNCLAIMED PROPERTY **REPORT INSTRUCTIONS AND FORMS** **FOR** **INSURANCE COMPANIES**

REPORTING MORE THAN 25 ACCOUNTS?

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UNCLAIMED PROPERTY

INTRODUCTION

The "Disposition of Unclaimed Property Act", O.C.G.A. Section 44-12-190 et. seq., protects the rights of owners of abandoned property and relieves those holding the property of the continuing responsibility to account for such property. Under the Act, when someone ("holder"), holds property that belongs to someone else ("owner") but has lost contact with that owner for a specified period of time ("dormancy period"), that holder must turn over ("remit") the property to the state. The remittance must be accompanied by a report describing the property and contain certain information that will help the state advertise the property and take other steps to return the property to the rightful owner. The state serves as custodian for any property remitted under the Act, allowing the owners or their heirs an opportunity to claim their property in the future.

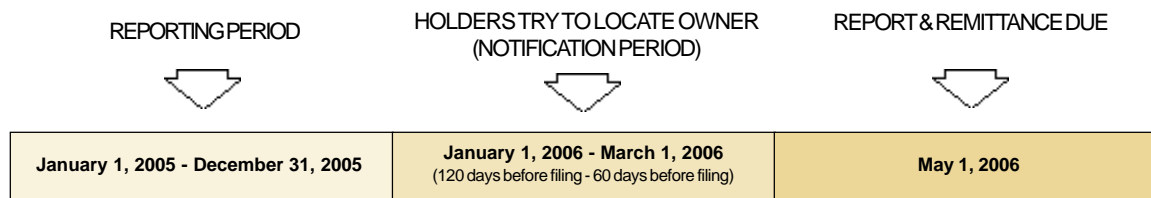
This booklet contains reporting forms and instructions to help holders comply with the Unclaimed Property Act. UP-1 Ins, "HOLDER REPORT FORM" contains information about the holder making the report. UP-2 Ins, "OWNER DETAIL REPORT FORM" contains a list of the individual owners and the specific property accounts. Both forms must be completed and submitted with your remittance check.

WHO MUST REPORT

Anyone that has abandoned property must remit it to the state if they have held the property for longer than the dormancy period. The Unclaimed Property Act applies to both profit and non-profit businesses as well as governmental entities. Holders incorporated in Georgia must report to this state any unclaimed property of owners having an incomplete, unknown or foreign address. Holders not incorporated in Georgia must remit unclaimed property belonging to an owner having a Georgia address.

Unclaimed Property Time Line

INSURANCE COMPANIES



If you are filing for the first time, the report should include all property dated prior to December 31, 2000.

STEPS FOR FILING YOUR ANNUAL UNCLAIMED PROPERTY REPORT

STEP 1: IDENTIFY THE UNCLAIMED PROPERTY eligible to be filed with the Georgia Department of Revenue, Unclaimed Property Program. Examples of property to be remitted to the state as unclaimed property include savings and checking accounts, unclaimed wages, dividends, credit balances and outstanding checks. For a complete listing of the types of property that must be remitted under the Act, refer to page 4.

STEP 2: TRY TO LOCATE THE OWNERS OF THE UNCLAIMED PROPERTY IDENTIFIED IN STEP 1.

This process is defined as “due diligence”. If an account has a value of \$ 50.00 or more, the law requires that holders must make an effort to communicate with an owner prior to remitting the property to the state. You can do this by sending a first class letter to the owner’s last known address no less than 60 days, but no more than 120 days before remitting the owner’s property to the state. A sample due diligence letter can be found on page 6.

STEP 3: SEND YOUR REPORT AND CHECK PAYABLE TO the Georgia Department of Revenue, Unclaimed Property Program. Submit by May 1, 2006.

SECURITIES: Securities must be transferred to Georgia’s custodial account with Merrill Lynch, Fenner, Pierce & Smith, DTC Number 5198, Account Number 70B-07F28. DTC Transfer Form UP-3S must accompany Holder Summary Report.

Example Property Types

See Page 4 for complete list.

HOLDER TYPE	PROPERTY TYPE	DORMANCY PERIOD	REPORTING PERIOD	LAST ACTIVITY DATE	NOTIFICATION PERIOD	REPORT & REMIT DUE
Insurance Company	Unclaimed Wages	1 Year	1/1/05 - 12/31/05	1/1/04 - 12/31/04	1/1/06 - 3/1/06	5/1/06
Insurance Company	Unc. Matured Policy Benefits	5 Years	1/1/05 - 12/31/05	1/1/2000 - 12/31/2000	1/1/06 - 3/1/06	5/1/06

EXAMPLE (A)

If you are an insurer and have identified uncashed payroll checks dated 1/1/04 - 12/31/04, you should report them as unclaimed property for the reporting period 1/1/05 - 12/31/05. You should attempt to notify the payee of the check at the last known address between 1/1/06 - 3/1/06. If these attempts fail, you must remit the face amount of each unclaimed payroll check with the report you file by 5/1/06.

EXAMPLE (B)

If you are an insurer and have identified uncollected matured policy benefits dated 1/1/00 - 12/31/00, you should report them as unclaimed property for the reporting period 1/1/05 - 12/31/05. You should attempt to notify the insured/beneficiary at the last known address between 1/1/06 and 3/1/06. If these attempts fail, you must remit the policy value with the report you file by 5/1/06.

PROPERTY CODES WITH DORMANCY PERIODS

CODE	YEARS	CODE	YEARS
Account Balances		Miscellaneous	
AC01 Checking Accounts	5	MS01 Wages, Payroll, Salary	1
AC02 Savings Accounts	5	MS02 Commissions	1
AC03 Matured CD or Savings Certificates	5	MS03 Workers' Compensation Benefits	5
AC04 Christmas Club Funds	5	MS04 Payment for Goods and Services	5
AC05 Deposit to Secure Funds	5	MS05 Customer Overpayments	5
AC06 Security Deposits	5	MS06 Unidentified Remittances	5
AC07 Unidentified Deposits	5	MS07 Unrefunded Overcharges	5
AC08 Suspense Accounts	5	MS08 Accounts Payable	5
AC99 Aggregate Account Balance Due	5	MS09 Credit Balances/Accounts Receivable	5
Official Checks		MS10 Discounts Due	5
CK01 Cashier's Checks	5	MS11 Refunds Due	5
CK02 Certified Checks	5	MS12 Unredeemed Gift Certificates	5
CK04 Treasurer's Checks	5	MS13 Unclaimed Loan Collateral	5
CK05 Drafts	5	MS14 Pension and Profit Sharing Plans	5
CK06 Warrants	5	MS15 Dissolution or Liquidation	1
CK07 Money Orders	7	MS16 Miscellaneous Outstanding Checks	5
CK08 Traveler's Checks	15	MS17 Miscellaneous Intangible Property	5
CK09 Foreign Exchange Checks	5	MS18 Suspense Liabilities	5
CK10 Expense Checks	5	MS99 Aggregate Miscellaneous Property	5
CK11 Pension Checks	5	Securities	
CK12 Credit Checks or Memos	5	SC01 Dividends	5
CK13 Vendor Checks	5	SC02 Interest (Bond Coupons)	5
CK14 Checks Written Off to Income	5	SC03 Principal Payments	5
CK15 Other Outstanding Official Checks	5	SC04 Equity Payments	5
CK16 CD Interest Checks	5	SC05 Profits	5
CK99 Aggregate Uncashed Checks	5	SC06 Funds Paid to Purchase Shares	5
Court Funds		SC07 Funds for Stocks of Successor	5
CT01 Escrow Funds	5	SC08 Shares of Stock (Returned by PO)	5
CT02 Condemnation Awards	5	SC09 Cash for Fractional Shares	5
CT03 Missing Heirs' Funds	5	SC10 Unexchanged Stock of Successor	5
CT04 Suspense Accounts	5	SC11 Other Certificates of Ownership	5
CT05 Other Court or Public Authority Funds	5	SC12 Underlying/Outstanding Shares	5
CT99 Aggregate Court Deposits	5	SC13 From Liquidated/Redemption of Stock	5
Insurance		SC14 Debentures	5
IN01 Individual Policy Benefits of Claims	5	SC15 US Government Securities	5
IN02 Group Policy Benefits or Claims	5	SC16 Mutual Fund Shares	5
IN03 Proceeds Due Beneficiaries	5	SC17 Warrants (Rights)	5
IN04 Proceeds from Matured Policies	5	SC18 Matured Bond Principal	5
IN05 Premium Refunds	5	SC19 Dividend Reinvestment Plans	5
IN06 Unidentified Remittances	5	SC20 Credit Balances	5
IN07 Other Amounts Due Under Policy	5	SC21 Distributions-Mutual Funds	5
IN08 Agent Credit Balances	5	SC99 Aggregate Securities-Related	5
IN09 Limiting Age	2	Trust Property	
IN99 Aggregate Insurance Property	5	TR01 Paying Agent Accounts	5
Mineral Proceeds		TR02 Undelivered or Uncashed Dividends	5
M101 Net Revenue Interest	5	TR03 Funds Held in Fiduciary Capacity	5
M102 Royalties	5	TR04 Escrow Accounts	5
M103 Overriding Royalties	5	TR05 Trust Vouchers	5
M104 Production Payments	5	TR99 Aggregate Trust Property	5
M105 Working Interests	5	Utilities	
M106 Bonuses	5	UT01 Utility Deposits	5
M107 Delay Rentals	5	UT02 Membership Fees	5
M108 Shut-In Royalties	5	UT03 Refunds or Rebates	5
M109 Minimum Royalties	5	UT04 Capital Credit Distributions	5
M199 Aggregate Mineral Interests	5	UT99 Aggregate Utility Property	5
Safe Deposit/Safekeeping		All Other Property	
SD01 Safe Deposit Box Contents	2	ZZZZ Properties Not Identified Above	5

OWNER RELATIONSHIP CODES

RELATION TYPE CODE	RELATION TYPE CODE
AD	Administrator
AF	Attorney For
AG	Agent For
AN	And
AO	And/Or
BF	Beneficiary
CC	Co-Conservator
CF	Custodian For
CN	Conservator
EX	Executor or Executrix
FB	For Benefit Of
GR	Guardian For
IN	Insured
JC	Joint Tenants in Common
JT	Joint Tenants with Right of Survivorship
OR	Or
P	Primary Owner
PA	Payee
PO	Power of Attorney
RE	Remitter
SO	Sole Owner
TE	As Trustee For
UG	Uniform Gift to Minors Act (UGMA)

SAMPLE LETTER FOR OWNER NOTIFICATION

July 1, YEAR

Ray Smith (Owner Name)
4321 Right Ave.
City Name, State 98765

RE: (Description of Property)

Dear Mr. Smith:

Our records indicate that we are holding the following property due to you:

Owner Name	Social Security #	Identifying #	Description
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Please complete the statement at the bottom of this letter to indicate your understanding of this property and mail to:

HOLDER NAME
CONTACT PERSON OR DEPARTMENT
HOLDER ADDRESS
CONTACT PHONE NUMBER (OPTIONAL)

You must return this letter by (DATE). If you fail to do so, we will deliver your property to the Georgia Department of Revenue, Unclaimed Property Program as required by law. After this date, any attempts to reclaim your property will need to be directed to the Georgia Department of Revenue.

Sincerely,
Unclaimed Accounts

STATEMENT

___ I agree this property belongs to me.

___ I disagree this property does not belong to me.

SIGNATURE

DATE

INSTRUCTIONS FOR FORM UP-1 Ins

The form UP-1 Ins must accompany all holder reports

HOLDER INFORMATION:

Please type or print your report

ITEM 1- Enter your federal employer identification number.

ITEM 2- Enter your business name and mailing address.

ITEM 3- If this report is being prepared by an agent on behalf of the business, enter the agent's name and address.

ITEM 4- Enter the name of the person completing the form.

ITEM 5- Enter the telephone number for the person completing the form.

ITEM 6- Enter the electronic mail address for the person completing the form.

ITEM 7- Enter the date your business was incorporated or registered.

ITEM 8- Enter the state where your business is registered or incorporated.

ITEM 9- Describe your primary business activity (i.e. banking, manufacturing, insurance).

ITEM 10- Enter the total number of employees for your business.

ITEM 11- Enter your annual sales volume or amount of policies written as reflected on your most recent tax return.

ITEM 12- Enter the amount of policies written to Georgia citizens during the last fiscal year.

ITEM 13- Enter your company's total assets as reflected on your most recent year end balance sheet.

REPORT INFORMATION:

ITEM 14A- Enter the total number of accounts \$50.00 or more on your owner report (Form UP-2 Ins).

ITEM 14B- Enter the total dollar value of accounts \$50.00 or more listed on your owner report (Form UP-2 Ins).

ITEM 14C- Enter the total number of accounts less than \$ 50.00, excluding dividends. Accounts less than \$50.00, excluding dividends, may be reported in a lump sum.

ITEM 14D- Enter the total value of accounts less than \$50 (Form UP-2 Ins).

ITEM 14E- Enter total of Item 14b and 14d.

ITEM 14F- Enter total number of shares of stock.

NOTE: Zero balance/negative balance reports are required (use form UP-1 Ins).

VERIFICATION:

The report must be signed by a CFO, partner or company officer.

IF LESS THAN 25 PROPERTIES, GO TO OWNER REPORT FORM (UP-2 Ins) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 14E. IF REPORTING 25 PROPERTIES OR MORE, CREATE A NAUPA FORMATTED CD WITH AN ELECTRONIC FILE.



INSURANCE COMPANY HOLDER REPORT FORM 2005

This form must accompany all holder reports

ARE YOU A 1ST TIME FILER? Y [] N [] DID YOU ATTACH A CD? Y [] N []

ELECTRONIC FILERS: Submit a UP-1Ins for each business included on the CD. ZERO BALANCE REPORTS REQUIRED

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#		2. HOLDER (Business Name)		
ADDRESS				
CITY, STATE, ZIP CODE				
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [] N [] IF YES, FURNISH AGENT NAME AND ADDRESS:				
4. NAME OF CONTACT PERSON		5. TELEPHONE ()		6. E-MAIL ADDRESS
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY		
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS	
REPORT INFORMATION				
INTANGIBLE PROPERTY - (Outstanding Checks) 14a. Total accounts \$50.00 or more _____ 14b. Dollar Value \$ _____ 14c. Total accounts less than \$50.00 _____ 14d. Dollar Value \$ _____ 14e. Report Total \$ _____ OTHER PROPERTY (Safe deposit boxes, stocks, mutual funds) 14f. Number of shares of stock _____				
VERIFICATION STATEMENT				
I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete as of said date to the best of my knowledge and belief. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Responsible Officer </div> <div style="width: 45%;"> _____ Printed or Typed Name Responsible Officer </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Title of Responsible Officer/Agent </div> <div style="width: 45%;"> _____ Date </div> </div>				
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.

INSTRUCTIONS FOR FORM UP-2 Ins

Twenty-five (25) properties or more must be reported on a NAUPA formatted CD in lieu of form UP-2 Ins

Form UP-2 Ins provides detailed information about the unclaimed accounts. This information is used to verify rightful ownership of person(s) attempting to claim the account.

Please type or print your report.

Enter your business name and federal employer identification number on each page of your owner report.

List owners alphabetically by last name.

You may list one entry for accounts less than \$50.00. (EXAMPLE: 100 accounts \$40.00 or less totaling \$4,000.00)

ITEM 1- Refer to the "Property Code" listing on page 4. Enter the property code which identifies the property reported.

ITEM 2- Enter the identifying number assigned to the property by your business (i.e. account number, check number, policy number, etc.).

ITEM 3- Enter the owner's name as listed on your business's records. If the account has more than one owner, specify whether the joint owner is a custodian, guardian, trustee or beneficiary.

ITEM 4 - Refer to the "Relationship Type Code" listing on page 5. Enter the relation code which properly identifies the owner relationship.

ITEM 5- Enter the social security number or tax identification number of the account owner as reflected on your business's records.

ITEM 6- Enter the date of last transaction or the date of last contact with the owner.

ITEM 7- Enter the account balance remitted.

ITEM 8- Enter the total of the accounts detailed on the page.

ITEM 9- Enter Grand Total if last page.

Attach the owner report form (UP-2 Ins) to the holder report form (UP-1 Ins).

Return both forms addressed to:

Georgia Department of Revenue
Unclaimed Property Program
4245 International Parkway, Suite A
Hapeville, GA 30354-3918

PAGE _____ OF _____

[illegible]

IF THIS IS THE LAST PAGE, ENTER GRAND TOTAL (9)

INSTRUCTIONS FOR SECURITIES DTC TRANSFER CONFIRMATION FORM UP-3S

Please type or print your report!

This report must accompany your “UP-1 Ins – Holder Report Summary Form” and holder report if you are reporting securities. File a separate UP-3S for each stock issue.

ITEM 1 - Enter your HOLDER-ID number as supplied by Georgia Unclaimed Property.

ITEM 2 - Enter the date that the report was prepared.

ITEM 3 - Enter the full stock issue name as shown by issuing authority.

ITEM 4 - Enter the CUSIP number for each issue.

ITEM 5 - Enter the total number of shares transferred to Georgia Unclaimed Property Custodian – Merrill Lynch.

ITEM 6 - Enter date that the DTC transfer occurred.

The report must be certified as accurate, as indicated by the signature of an officer of the institution.

Forward to:

**Georgia Department of Revenue
Unclaimed Property Program
4245 International Parkway, Suite A
Hapeville, GA 30354-3904**

NOTE: If you are unable to complete a DTC transfer, then the certificates must be remitted to the above address registered to COMMISSIONER, GEORGIA DEPARTMENT OF REVENUE.



SECURITIES DTC TRANSFER CONFIRMATION FORM UP-3S

**This form must accompany all holder reports
if you are reporting securities**

Page _____ of _____

HOLDER NAME	ADDRESS	
		FEIN

GA HOLDER ID # (1)	HOLDER REPORT DATE (2)
--------------------	------------------------

This form is used to notify the Georgia Unclaimed Property Program that all securities reported as unclaimed property have been transferred to the state's custodian, Merrill Lynch. New state reporting requirements mandate the transfer of all eligible shares using DTC. Specific instructions for completing this form and transferring the shares can be found in the accompanying "Instructions for Completion of Form UP-3S."

STOCK ISSUE NAME (3)	CUSIP # (4)	TOTAL SHARES TRANSFERRED (5)	DTC TRANSFER DATE (6)

I, the undersigned, certify that the securities listed above have been successfully transferred via DTC to Merrill Lynch, custodian for The State of Georgia on the date(s) indicated.

Signed _____

Title _____

Date _____

INSTRUCTIONS FOR HOLDER REIMBURSEMENT FORM

Use Form UP-15, the Holder Reimbursement Form to reclaim funds previously delivered to the State. Funds are paid directly to the holder and holder claims are normally processed within thirty days of receipt.

ABANDONED ACCOUNT INFORMATION - This section of the form requests the account information as detailed on the annual report.

ITEM 1- Enter the account name exactly as it appeared on the annual report.

ITEM 2- If there were multiple names on the account, enter that information.

ITEM 3- Enter the address as detailed on the annual report.

ITEM 4- Enter the account number as detailed on the annual report.

ITEM 5- Enter the property code as detailed on the annual report.

ITEM 6- Enter the account balance delivered to the state as detailed on the annual report.

WHO IS REQUESTING REIMBURSEMENT - The information in this section pertains to the holder requesting a reimbursement.

ITEM 7- Enter the tax identification number for the holder (bank or company).

ITEM 8- Enter the name of the bank or company requesting the reimbursement. It should be the same as the name listed on the annual report.

ITEM 9- Enter the mailing address for the holder. The check will be mailed to this address.

ITEM 10- Enter year property was reported.

ITEM 11- Enter the name of the person completing the form.

ITEM 12- Enter the page number of the annual report that provided detail of the account.

AGGREGATE VERIFICATION - Complete this section ONLY IF the account was less than \$ 50.00 and submitted in a lump sum total.

ITEM 13a- Enter the report year.

ITEM 13b- Enter the total aggregate amount for the report year.

ITEM 13c- Enter the amount that is due to the owner.

ITEM 13d- Enter the owner's name.

AFFIDAVIT AND INDEMNITY AGREEMENT - This should be signed by two employees. The CFO/ Financial Manager should sign in the area "Authorized Official". The person completing the form should sign in the area "Holder Representative".

Please note these signatures must be notarized.



HOLDER REIMBURSEMENT FORM

ABANDONED ACCOUNT INFORMATION		
1. ACCOUNT NAME		
2. SECONDARY ACCOUNT NAME (if applicable)		
3. REPORTED ADDRESS		
4. ACCOUNT NUMBER	5. PROPERTY CODE	6. ACCOUNT BALANCE REMITTED
WHO IS REQUESTING REIMBURSEMENT		
7. TAX ID#	8. HOLDER NAME	
9. ADDRESS		10. REPORT YEAR
11. CONTACT PERSON		12. PAGE NUMBER
AGGREGATE VERIFICATION (complete only if account is less than \$50.00)		
<p>It is hereby verified that for report year 13a. 20_____, 13b. \$_____ was remitted in an aggregate amount. Of this amount, 13c. \$_____ was remitted in the name(s) of 13d. _____.</p> <p>Acceptable proof has been submitted to this holder to prove rightful ownership.</p>		
AFFIDAVIT AND INDEMNITY AGREEMENT		
<p>It is hereby certified that this claim is valid, just and due. Claim has not been previously paid to the holder. Request is hereby made to the Georgia Revenue Commissioner to return to the holder the above stated account that was previously paid to owner. Upon return of this property to the holder, the Georgia Department of Revenue, Unclaimed Property Officers and Employees are indemnified and held harmless for any damages, claims or losses of any kind resulting from payment of this claim. The holder agrees to return the property to the Georgia Department of Revenue, Unclaimed Property Program if it is later determined that rightful ownership has been established by another party.</p>		
_____ SIGNATURE OF AUTHORIZED OFFICIAL		_____ SIGNATURE OF HOLDER REPRESENTATIVE
_____ TITLE OF AUTHORIZED OFFICIAL		_____ TYPED NAME OF HOLDER REPRESENTATIVE
Sworn to and subscribed before me, this _____ day of _____		
_____ TYPED NAME OF NOTARY PUBLIC		
_____ SIGNATURE OF NOTARY PUBLIC		

ADDITIONAL INSTRUCTIONS AND INFORMATION

REPORT CHECKLIST - Before filing your report, have you?

- Sent owner notification letters to all owners with accounts \$ 50.00 or more?
- Signed Form UP-1 Ins statement verification?
- Enclosed a check for the total amount due payable to GEORGIA DEPARTMENT OF REVENUE UNCLAIMED PROPERTY PROGRAM?
- Posted federal tax identification number on all pages of the report?
- Electronic filers: Clearly labeled CD and have a hard copy of Form UP-1 Ins to send?
- Securities: Completed DTC Transfer Form UP-3S?

TO FILE AN EXTENSION

- Reports are due by May 1, 2006. Extensions may be granted up to 90 days.
- Mail or fax a written request to the Unclaimed Property Program at least 30 days prior to the report due date.
- Provide an estimated filing date and the reason for the extension.

REMITTING ABANDONED SECURITIES

- Securities must be electronically transferred to Georgia's custodial account. Use the following information when making this transfer:

CUSTODIAN - Merrill Lynch, Fenner, Pierce & Smith
DTC NUMBER - 5198
GEORGIA'S ACCOUNT NUMBER - 70B-07F28

- Use Form UP-3S to record confirmation of securities transfer.

NEED MORE HELP?

Georgia's Unclaimed Property staff will be glad to answer any questions regarding unclaimed property. Please contact us at:

Georgia Department of Revenue
Unclaimed Property Program
4245 International Parkway, Suite A
Hapeville, GA 30354-3918
Telephone: (404) 968-0490
Fax Line: (404) 968-0772
Email: ucpmail@dor.ga.gov